

**POLICE ACCIDENT REPORT (NYC)**  
MV-104AN (5/04)

1	Precinct 050	Accident No. #458	Complaint Number 111	<input type="checkbox"/> AMENDED REPORT	19								
2	Accident Date Month 02 Day 25 Year 2007	Day of Week SUN	Military Time 2120	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	20			
3	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					21			
4	Vehicle 1 - Driver License ID Number P34625447902555	State of Lic. NJ	Vehicle 2 - Driver License ID Number D1251187	State of Lic. CA						22			
5	Driver Name - exactly as printed on license MICHAEL R PHILIPS				Driver Name - exactly as printed on license SABINA BEATA PARADI					23			
6	Address (Include Number & Street) 2 ROBIN ROAD				Address (Include Number & Street) 116 GATETREE CT					24			
7	City or Town RUMSON NJ Zip Code 07760				City or Town DANVILLE CA Zip Code 94526					25			
8	Date of Birth Month 02 Day 20 Year 55	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 04 Day 19 Year 83	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	26		
9	Name - exactly as printed on registration MICHAEL R PHILIPS				Name - exactly as printed on registration					27			
10	Address (Include Number & Street) 2 ROBIN ROAD				Address (Include Number & Street)					28			
11	City or Town RUMSON NJ Zip Code 07760				City or Town					29			
12	Plate Number CHP88D	State of Reg. NJ	Vehicle Year & Make 1988 CHEVY PU	Vehicle Type Ins. Code 903	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	30			
13	Ticket/Arrest Number(s) SUM# OAC8786982				Ticket/Arrest Number(s)					31			
14	Violation Section(s) 4-03(AY)I				Violation Section(s)					32			
15	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.				33
16	VEHICLE 1 DAMAGE CODES				VEHICLE 2 DAMAGE CODES								34
17	Box 1 - Point of Impact Box 2 - Most Damage	12	2	Box 1 - Point of Impact Box 2 - Most Damage	1	2						35	
18	Enter up to three more Damage Codes	3	4	Enter up to three more Damage Codes	3	4	5					36	
19	Vehicle By Towed: To	Vehicle By Towed: To				ACCIDENT DIAGRAM					37		
20	Vehicle Damage Coding:				5189th AVE								38
21	1.13. SEE DIAGRAM ON RIGHT.				W 137th								39
22	14. UNDERCARRIAGE				9th AVENUE								40
23	15. TRAILER				ROUTE 28								41
24	16. OVERTURNED				ROUTE 27								42
25	17. DEMOLISHED				ROUTE 26								43
26	18. NO DAMAGE				ROUTE 25								44
27	19. OTHER				ROUTE 24								45
28					ROUTE 23								46
29					ROUTE 22								47
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<b>PEDESTRIAN/BIKE/OTHER PEDESTRIAN ACTION</b> <ol style="list-style-type: none"> <li>Pedestrian/Bicyclist/Other Pedestrian at Intersection</li> <li>Pedestrian/Bicyclist/Other Pedestrian Not at Intersection</li> </ol>		<b>APPARENT CONTRIBUTING FACTORS</b>	
<b>PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION</b> <ol style="list-style-type: none"> <li>Crossing, With Signal</li> <li>Crossing, Against Signal</li> <li>Crossing, No Signal, Marked Crosswalk</li> <li>Crossing, No Signal or Crosswalk</li> <li>Riding/Walking/Skating Along Highway With Traffic</li> <li>Riding/Walking/Skating Along Highway Against Traffic</li> <li>Emerging from In Front of/Behind Parked Vehicle</li> <li>Going to/From Stopped School Bus</li> <li>Getting On/Off Vehicle Other Than School Bus</li> <li>Working in Roadway</li> <li>Playing in Roadway</li> <li>Other Actions in Roadway*</li> <li>Not in Roadway (Indicate)*</li> </ol>		<b>Human</b> <ol style="list-style-type: none"> <li>Alcohol Involvement</li> <li>Backing Unsafely</li> <li>Driver Inattention/Distraction*</li> <li>Driver Inexperience*</li> <li>Drugs (Illegal)</li> <li>Failure to Yield Right-of-Way</li> <li>Failure to Keep Right</li> <li>Fatigued/Drowsy</li> <li>Fell Asleep</li> <li>Following Too Closely</li> <li>Illness</li> <li>Lost Consciousness</li> <li>Passenger Distraction</li> <li>Passing or Lane Usage Improper</li> <li>Pedestrian/Bicyclist/Other Pedestrian Error/Confusion</li> <li>Physical Disability</li> <li>Prescription Medication</li> <li>Traffic Control Disregarded</li> <li>Turning Improperly</li> <li>Unsafe Speed</li> <li>Unsafe Lane Changing</li> <li>Cell Phone (hand-held)</li> <li>Cell Phone (hands-free)</li> <li>Other Electronic Device*</li> <li>Outside Car Distraction*</li> <li>Reaction to Other Uninvolved Vehicle</li> <li>Aggressive Driving/Road Rage</li> </ol>	
<b>TRAFFIC CONTROL</b> <ol style="list-style-type: none"> <li>None</li> <li>Traffic Signal</li> <li>Stop Sign</li> <li>Flashing Light</li> <li>Yield Sign</li> <li>Officer/Guard</li> <li>No Passing Zone</li> <li>RR Crossing Sign</li> <li>RR Crossing Flashing Light</li> </ol>		<ol style="list-style-type: none"> <li>RR Crossing Gates</li> <li>Stopped School Bus-Red Lights Flashing</li> <li>Construction Work Area</li> <li>Maintenance Work Area</li> <li>Utility Work Area</li> <li>Police/Fire Emergency</li> <li>School Zone</li> <li>Other *</li> </ol>	
<b>LIGHT CONDITIONS</b> <ol style="list-style-type: none"> <li>Daylight</li> <li>Dawn</li> <li>Dusk</li> <li>Dark-Road Lighted</li> <li>Dark-Road Unlighted</li> </ol>			
<b>ROADWAY CHARACTER</b> <ol style="list-style-type: none"> <li>Straight and Level</li> <li>Straight and Grade</li> <li>Straight at Hillcrest</li> <li>Curve and Level</li> <li>Curve and Grade</li> <li>Curve at Hillcrest</li> </ol>			
<b>ROADWAY SURFACE CONDITION</b> <ol style="list-style-type: none"> <li>Dry</li> <li>Wet</li> <li>Muddy</li> <li>Snow/Ice</li> <li>Slush</li> <li>Flooded</li> <li>Other *</li> </ol>			
<b>WEATHER</b> <ol style="list-style-type: none"> <li>Clear</li> <li>Cloudy</li> <li>Rain</li> <li>Snow</li> <li>Sleet/Hail/Freezing Rain</li> <li>Fog/Smog/Smoke</li> <li>Other *</li> </ol>			
<b>WHICH VEHICLE OCCUPIED</b> <ol style="list-style-type: none"> <li>Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other *</li> <li>Vehicle No. 2 B. Bicyclist P. Pedestrian</li> <li>I. In-Line Skater S. Snowmobiler</li> </ol>			
<b>POSITION IN/ON VEHICLE</b> <ol style="list-style-type: none"> <li>Driver</li> <li>Riding/Hanging on Outside</li> <li>Passengers</li> </ol>		<b>LOCATION OF MOST SEVERE PHYSICAL COMPLAINT</b> <ol style="list-style-type: none"> <li>Head</li> <li>Face</li> <li>Eye</li> <li>Neck</li> <li>Chest</li> <li>Back</li> <li>Shoulder-Upper Arm</li> <li>Elbow-Lower Arm-Hand</li> <li>Abdomen - Pelvis</li> <li>Hip-Upper Leg</li> <li>Knee-Lower Leg-Foot</li> <li>Entire Body</li> </ol>	
<b>SAFETY EQUIPMENT USED</b> <ol style="list-style-type: none"> <li>None</li> <li>Lap Belt</li> <li>Harness</li> <li>Lap Belt/Harness</li> <li>Child Restraint Only</li> <li>Helmet (Motorcycle Only)</li> <li>Air Bag Deployed</li> <li>Air Bag Deployed/Lap Belt</li> <li>Air Bag Deployed/Harness</li> <li>Air Bag Deployed/Lap Belt/Harness</li> <li>Air Bag Deployed/Child Restraint</li> </ol>		<b>TYPE OF PHYSICAL COMPLAINT</b> <ol style="list-style-type: none"> <li>Amputation</li> <li>Concussion</li> <li>Internal</li> <li>Minor Bleeding</li> <li>Severe Bleeding</li> <li>Minor Burn</li> <li>Moderate Burn</li> <li>Severe Burn</li> <li>Fracture - Dislocation</li> <li>Contusion - Bruise</li> <li>Abrasions</li> <li>Complaint of Pain</li> <li>None Visible</li> <li>Whiplash</li> </ol>	
<b>EJECTION FROM VEHICLE</b> <ol style="list-style-type: none"> <li>In-Line Skater/Bicyclist</li> <li>Helmet Only</li> <li>Helmet/Other</li> <li>Pads Only</li> <li>Stoppers Only</li> <li>Other *</li> </ol>		<b>VICTIM'S PHYSICAL AND EMOTIONAL STATUS</b> <ol style="list-style-type: none"> <li>Not Ejected</li> <li>Partially Ejected</li> <li>Ejected</li> <li>Other *</li> </ol>	
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